

**Department of Children and Family Services**  
**Family Medical Leave Act**  
**Notice of Eligibility and Rights and Responsibilities**

**To:** \_\_\_\_\_ **Employee**  
**From:** \_\_\_\_\_ **Employer Representative**  
**Date:** \_\_\_\_\_

---

**PART A – NOTICE OF ELIGIBILITY**

---

On \_\_\_\_\_ you informed the office or the office became aware that you needed leave beginning on \_\_\_\_\_ for:

- ☐ the birth of a child, or placement of a child with you for adoption or foster care;
- ☐ your own serious health condition;
- ☐ because you are needed to care for your ☐ spouse ☐ child ☐ parent due to his/her serious health condition;
- ☐ because of a qualifying exigency arising out of the fact that your ☐ spouse ☐ child ☐ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves; or
- ☐ because you are the ☐ spouse ☐ child ☐ parent ☐ next of kin of a covered service member with a serious injury or illness.

**This notice is to inform you that you:**

- ☐ are eligible for FMLA leave (See Part B below for Rights and Responsibilities)
- ☐ are **not** eligible for FMLA leave, because:
  - ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.
  - ☐ You have not met the FMLA's 1,250-hours-worked requirement. These 1,250 hours must have been worked during the 12 months preceding the leave

---

**PART B - RIGHTS AND RESPONSIBILITIES**

---

You meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as FMLA leave, you must submit the following information by \_\_\_\_\_. **If sufficient information is not provided in a timely manner, your leave may be denied.**

- ☐ Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request ☐ is enclosed or ☐ has been received.
- ☐ Sufficient documentation to establish the required relationship between you and your family member.
- ☐ Other information needed: \_\_\_\_\_

**Once the specified information is submitted, you will be informed within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement.**

**If your leave does qualify** for FMLA leave, you will have the following **responsibilities** while on FMLA leave:

- You will be required to use **paid** leave (annual, sick or compensatory time, as allowed by Civil Service rules) for FMLA purposes. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement. When paid leave is exhausted, unavailable, or cannot be used under specific circumstances, **unpaid** (leave without pay) leave will be granted for all or the remainder of your FMLA leave entitlement.
- If on unpaid leave, DCFS will maintain both the employer and employee shares of your Group Benefits/HMO health/life insurance premiums during the period of unpaid FMLA leave. Upon your return to work, you will be required to reimburse the agency for your share of health/life insurance premiums paid on your behalf. If you inform the agency of your intent not to return from leave; fail to return from leave, thereby terminating employment; or exhaust your FMLA leave entitlement, DCFS shall no longer pay the employee's portion of the premium and thus cease maintenance of your health/life insurance benefits.
- If you do not return to work following FMLA leave (for a reason other than the continuation, recurrence, or onset of a serious health condition which would entitle you or a covered service member to FMLA leave or other circumstances beyond your control), you will be required to reimburse us for the employee share of health/life insurance premiums paid on your behalf.
- If the circumstances of your leave change and you are able to return to work earlier than the date anticipated, you will be required to notify us at least two workdays prior to the date you intend to report for work.
- While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_. (If applicable, indicate interval of periodic reports, as appropriate for the particular leave situation).

**If your leave does qualify** for FMLA leave you will have the following **rights** while on FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as the 12-month period measured forward from the date of your first FMLA leave usage.
- You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness.
- Your health/life insurance benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)

Contact your Human Resources Division if you have questions.

#### Attachment

- ☐ Certification of Health Care Provider for Employee's Serious Health Condition
- ☐ Certification of Health Care Provider for Family Member's Serious Health Care Condition
- ☐ Certification of Qualifying Exigency or Military Family Leave
- ☐ Certification for Serious Injury of Illness of Covered Service member for Military Family Leave

☐ DCFS FMLA Designation Notice